

TARRANT 2007 Annual Meeting



Tarrant hosted its annual meeting this year on March 24 2007 in Calgary. Twenty-four people attended, to hear presentations from senior personnel, researchers, and sentinel from Alberta Health and Wellness, Alberta Provincial Laboratory, British Columbia Centre for Disease Control (BCCDC), Sentinel Family Physician Network, and the Calgary Health Region.

Dr. Jim Dickinson described the origins of the program and its growth. This flu season has been light: the rates of Influenza Like Illness (ILI) visits were lower than average. 75% of strains identified by the TARRANT network were Type A H1N1 (A/New Caledonia-like) the others Type A H3N2 A/Wisconsin/67/05-like, thus matching the vaccine.

Dr. Henry Quaye, one of our long-standing sentinels from Edson, shared his personal experience with the Tarrant network. His initial interest about the program began with Mike Tarrant, and he finds it valuable as a sentinel to collect this information to detect outbreaks and monitor the rates and strains within the community. He discussed the logistics of participating in the Tarrant program and how easy it is with help from his nurse. He has found it valuable to obtain swabs from patients presenting with even mild cases of influenza like illness symptoms, because these patients may also have the virus.

Larry Svenson from Alberta Health and Wellness described influenza surveillance using physician claims data. This administrative data collected for billing purposes is used by the province to monitor trends in influenza cases diagnosed by general practitioners, and from emergency room visits. It provides enough details to measure age specific diagnosis

and mortality rates. Trends this year agree with Tarrant data in showing the rate for influenza like illness is less than the previous year.

Dr. Kevin Fonseca, Clinical Virologist from the Alberta Provincial Lab showed how laboratory data can be used for influenza pandemic planning. Current molecular assays used by the provincial lab are sensitive, accurate and can identify new subtypes. These tests have the ability to detect non viable virus up to seven days after flu onset. However, live virus growth is necessary to detect antiviral resistance. Data collected by the Tarrant sentinels are essential for identifying new subtypes of the virus. Dr. Fonseca stressed the importance of collecting swab samples from the young age group (<5 years old) to provide a more accurate picture of what is occurring within this group. Even for these, Dr. Fonseca and many physicians agreed that the new nasopharyngeal swabs are the preferred method for obtaining specimens because they are so easy to use, and cause less distress than pharyngeal swabs.



Dr. Chris Bockmuehl, Division Chief of Community Family Medicine in the Calgary Health Region, described pandemic planning for community offices. Identifying patients with likely clinical presentation of influenza before they arrive, proper triaging of suspected cases, and training staff and using office planning tools might minimize virus transmission to other patients and staff. The Calgary Health Region developed a pandemic planning tool for community physicians that is available at http://www.calgaryhealthregion.ca/familymedicine/pdfs/pandemic_preparedness_june06.pdf.

Elaine Sartison discussed progress of the Alberta Immunization program. Alberta purchased 800 000 doses of the vaccine in 2006/07 season to distribute and administer to high risk groups. Currently, 60% of health care workers and 60% of children between 6-23 months of age are vaccinated and the province is striving to increase those percentages to at least 90% within the next few years. Seventy percent of people under 65 years of age with a chronic health condition were vaccinated while the vaccination rate in long term care facilities was 92% in 2005-2006.

Dr. Danuta Skowronski, from the British Columbia Centre for Disease Control provided highlights of the Vaccination Effectiveness Study, which uses data collected by our sentinel surveillance network. Vaccine effectiveness estimates are highly variable due to virus drift, vaccine reformulation, outcomes measured and methods used. Therefore, she devised the project we participate in now. This allows us to link the epidemiological data collected by sentinels to laboratory data. So far this year, Alberta has contributed well to the whole project. Because there is a good match between the vaccine and the circulating strains we will have a good chance of demonstrating how effective the vaccine is. She is enrolling more provinces, and when we have larger sample sizes, we will be able to also examine subgroups including different age groups. This will allow better estimation of the benefits of the vaccination program and can inform vaccine reformulation.

Overall, the people present agreed that it was a worthwhile day, and assisted each of the different participating groups to meet the others.

Besides sentinels, the workshop included representatives from the Provincial Laboratory staff, public health officers, immunizations staff, and sentinels. The Chief Medical Officer of the Calgary Health region, Dr Brent Friesen was impressed by the program and stated the he will try to provide a kit for every sentinel in this region to protect against droplet transmission as we take samples. We will be negotiating with him to ensure this is available in the fall for all sentinel practices, and will try to convince other health regions to do the same: thus providing amore tangible benefit for sentinel practitioners. Besides sentinels, the workshop included representatives from the Provincial Laboratory staff, public health officers, immunizations staff, and sentinels. The Chief Medical Officer of the Calgary Health region, Dr Brent Friesen was impressed by the program and stated the he will try to provide a kit for every sentinel in this region to protect against droplet transmission as we take samples. We will be negotiating with him to ensure this is available in the fall for all sentinel practices, and will try to convince other health regions to do the same: thus providing amore tangible benefit for sentinel practitioners.